

STANDARDS AND TRAINING FOR CORRECTIONS PROGRAM COURSE ROSTER						ATTN: STC FIELD REPRESENTATIVE			
1. CERTIFICATION NUMBER	2. COURSE START DATE	COURSE END DATE	3. LOCATION	4. CERTIFIED HOURS	5. DATE CERTIFIED	PAGE      OF      PAGES			
6. COURSE TITLE			7. TRAINING PROVIDER			8. TELEPHONE NUMBER (      )      -			
9. LIST ONLY INSTRUCTORS FOR THIS COURSE PRESENTATION						10. TOTAL PARTICIPANTS			
11. NAME (LAST, FIRST, MIDDLE INITIAL) (TYPE OR PRINT LEGIBLY)		12. TRAINEE SIGNATURE		13. COMPLETE NAME OF AGENCY		14. HOURS ATTENDED (TO BE COMPLETED BY PROVIDER REPRESENTATIVE ONLY)		15. CORE COURSE ONLY SATISFACTORY COMPLETION	
								YES	NO
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16. I CERTIFY THE ABOVE INFORMATION IS CORRECT									
NAME AND TITLE						AUTHORIZED SIGNATURE		DATE	

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							YES
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